

CALIFORNIA DEPARTMENT OF MENTAL HEALTH HIPAA PROGRAM/PROCESS INVENTORY

<i>Name:</i>	<i>Phone No:</i>
<i>Division:</i>	<i>Unit:</i>

Attached is an inventory survey to begin detailed documentation of the current programs, processes, systems at DMH that may be impacted by the federal Health Insurance Portability and Accountability Act (HIPAA).

Please complete this form to the best of your ability. We understand that for some staff, roles may vary depending on the program or system while some staff have the same role for multiple programs. The survey asks you to complete a separate form for each program/process that you have interaction with. However, if this is unreasonable because you interact with ALL of the programs, please note this below and someone will contact you directly to ensure the information needed from you is documented.

If you have any questions related to this survey, please contact Stan Johnson at 654-3060 or Kathy Styc at 654-6947.

Comments:



Please complete and return to Diane Meadows, Room 120 by

September 13, 2000

CALIFORNIA DEPARTMENT OF MENTAL HEALTH

HIPAA PROGRAM/PROCESS INVENTORY

1. In performing your work functions, do you ever have contact with or impact on any of the following:

	<u>YES</u>	<u>NO</u>
a. Confidential client information?	<input type="checkbox"/>	<input type="checkbox"/>
b. Provider Numbers?	<input type="checkbox"/>	<input type="checkbox"/>
c. Client data bases?	<input type="checkbox"/>	<input type="checkbox"/>
d. Billing information?	<input type="checkbox"/>	<input type="checkbox"/>
e. CR/DC Mode and Service Function Data?	<input type="checkbox"/>	<input type="checkbox"/>

2. Please identify (circle one) the program that you have contact with or impact on items listed in Question 1 above (if more than one program identified below, please complete a separate survey form for each):

- | | |
|--|--|
| <ul style="list-style-type: none"> a. AB 34 b. Adult Systems of Care c. Children's Systems of Care d. Client Services Information (CSI) e. Community Treatment Facilities f. Conditional Release Program g. Cost Report/Data Collection (CR/DC) System h. County Legal Entity and Provider File System i. Early Mental Health Initiative j. Fee-For-Service Inpatient (EDS) System k. Healthy Families Program l. Institutions for Mental Disease (IMD) m. PASARR n. Rehabilitation Option | <ul style="list-style-type: none"> o. Short-Doyle/Medi-Cal p. Sexually Violent Predator Program q. Special Education Pupils r. Therapeutic Behavioral Services s. Other (please specify):
_____ t. Trust Accounting and Canteen system u. Clinical Info. System v. SIR/ORYY w. Physician Order System x. Admin, Discharge & Transfer |
|--|--|

3. Please circle the best description of your function in the program you identified in Question 2 above (circle all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> a) Admin. Support (Budgets, Contracts, Accounting) b) Admin. Support (Cost Reporting) c) Fiscal Audits d) Information Tech. Development e) Information Tech. Support f) Policy, Procedure and Regulation Analysis and Development g) Program Compliance and Oversight h) Program Development and Planning | <ul style="list-style-type: none"> i) Program Administration j) Research k) Statistics and Data Analysis l) Technical Assistance and Training m) Other (please specify):
_____ n) Direct Service Clinician o) Clinical Support p) Medical Records Management |
|--|--|

4. Please identify the sources that you know of, outside DMH that receive information from DMH through this program/process (circle all that apply):

- | | |
|--|--|
| a) <i>NONE</i> | q) <i>CA. DDS</i> |
| b) <i>Board of Prison Terms</i> | r) <i>CA. DHS</i> |
| c) <i>CIMH</i> | s) <i>CA. HHS Agency</i> |
| d) <i>CMHDA</i> | t) <i>CA. DSS</i> |
| e) <i>County MH Programs/Providers</i> | u) <i>CA. Department of Aging</i> |
| f) <i>Federal DHHS</i> | v) <i>CA. Department of Education</i> |
| g) <i>Federal HCFA</i> | w) <i>CA. Department of Finance</i> |
| h) <i>CA. Health and Human Services Data Center</i> | x) <i>State Legislature</i> |
| i) <i>CA. Department of ADP</i> | y) <i>Other (please specify):</i> |
| j) <i>CA. Department of Justice</i> | |
| k) <i>CA. Department of Rehabilitation</i> | |
| l) <i>MRMIB</i> | |
| m) <i>National Institute of Mental Health (NIMH)</i> | |
| n) <i>OSHDP</i> | z) <i>Courts (County, Municipal, Superior)</i> |
| o) <i>State Controller's Office</i> | aa) <i>National Research Institute</i> |
| p) <i>CA. Department of Corrections</i> | bb) <i>Attorneys (public/private)</i> |
| | cc) <i>Patients/Clients</i> |
| | dd) <i>Worker's Compensation Insurance</i> |
| | ee) <i>Fiscal Intermediary</i> |

5. Please identify the sources that you know of, outside DMH that transmit information to DMH through this program/process (circle all that apply):

- | | |
|--|--|
| a. <i>NONE</i> | r. <i>CA. DHS</i> |
| b. <i>Board of Prison Terms</i> | s. <i>CA. HHS Agency</i> |
| c. <i>CIMH</i> | t. <i>CA. DSS</i> |
| d. <i>CMHDA</i> | u. <i>CA. Department of Aging</i> |
| e. <i>County MH Programs/Providers</i> | v. <i>CA. Department of Education</i> |
| f. <i>Federal DHHS</i> | w. <i>CA. Department of Finance</i> |
| g. <i>Federal HCFA</i> | x. <i>State Legislature</i> |
| h. <i>CA. Health and Human Services Data Center</i> | y. <i>Other (please specify):</i> |
| i. <i>CA. Department of ADP</i> | |
| j. <i>CA. Department of Justice</i> | |
| k. <i>CA. Department of Rehabilitation</i> | |
| l. <i>MRMIB</i> | |
| m. <i>National Institute of Mental Health (NIMH)</i> | z. <i>Courts (County, Municipal, Superior)</i> |
| n. <i>OSHDP</i> | aa. <i>National Research Institute</i> |
| o. <i>State Controller's Office</i> | bb. <i>Attorneys (public/private)</i> |
| p. <i>CA. Department of Corrections</i> | cc. <i>Patients/Clients</i> |
| q. <i>CA. DDS</i> | dd. <i>Worker's Compensation Insurance</i> |
| | ee. <i>Fiscal Intermediary</i> |

6. Please identify other DMH Staff that have significant roles in this program/process:
